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THE PATHOLOGY OF ZYMOTIC DISEASES.

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THERE has ever existed much confusion in the nosological arrangement and the pathological character of acute inflammatory and febrile diseases. This arises, in our view, from confounding two general divisions of disease, which differ in their origin, their progress, the phenomena they present, and their termination. We shall endeavor, in this paper, to investigate the causes of this confusion, and see whether there is good ground for a more settled and scientific basis upon which they may be placed.

We shall divide acute diseases into *zymotic* and *non-zymotic*. The former class, as the term implies, denotes the introduction into the system of a morbid principle or miasm, which, diffusing itself through the nervous system, the blood and the various tissues of the body, affects eventually, more or less, the system generally. Hence this class has received the appellation of specific diseases, or essential fevers, and includes all the acute contagious, infectious, epidemic and endemic diseases.

In distinction from these, we have *non-zymotic diseases*, in which class are embraced all the local and general acute diseases of a purely inflammatory character. Zymotic diseases, as a class, are characterized by certain general peculiarities; while each individual disease of this class, is governed by its own specific laws.

The main points of distinction to be considered between these two classes of disease, are in relation to their cause, their course and phenomena, and their anatomical lesions. Zymotic diseases, as we have stated, have a specific cause, and they cannot be produced by general causes. The *cause* characterizes the disease, instead of the phenomena or pathological condition. For example, the scarlatina poison produces in one individual a simple eruption; in another, an anginose swelling of the throat; and in a third, may, by the violence of its action, suddenly destroy life without either, and no lesion of structure whatever be found. Now these three forms of scarlatina are

essentially the same disease, though differing in phenomena and results. In non-zymotic diseases, the opposite is true. Several individuals are exposed to cold, and one is attacked with rheumatism seated in the fibrous tissues; another with pain in the chest, cough and bloody sputa, and pneumonia; and a third with swelling, inflammation and suppuration of the tonsils, or quinsy. Here the diseases are different, though arising from the same cause, and the pathological character precedes the febrile phenomena. When the local disease is arrested, the general febrile phenomena cease. The phenomena characterize the disease.

Zymotic diseases are self-limited. That is, they observe, more or less, definite periods in their course, and cannot be arrested at their onset, or essentially abridged in their duration. The early phenomena of a gastric or an ephemeral fever, so called, arising from local irritation, may bear a near resemblance to a mild case of typhus; and yet the former, by judicious treatment, is usually arrested in a few days, while the latter invariably runs a regular course of from two to four weeks, and the physician can expect only to avert untoward events connected with it. The poison having expended its force, health is again restored.

This class of diseases usually terminates in perfect recovery unless there are secondary lesions, as is sometimes the case after scarlatina; but more commonly, as from typhus, the health, when fully restored, is remarkably good. Nor do they often end in chronic diseases, as is the case with the opposite class, when injudiciously treated or imperfectly cured.

Zymotic diseases seldom recur in the same individual when they have been once fully developed in the system; even relapses, we think, are rare. In most of these diseases, especially those more strictly infectious, as smallpox or measles, there is certainly an immunity for life. On the contrary, a person having had pneumonia, quinsy, rheumatism or gastric fever, is rendered more liable to a renewed attack at some future period; and in some individual constitutions, repeated attacks are experienced. Zymotic diseases affect the whole system. They are general diseases, all the parts seeming to be involved, functionally at least, in the morbid action. The nervous system, the blood, the secreting and absorbing functions, are especially disturbed. A distinguished New Orleans physician, speaking of yellow fever, says, "it is a blood disease, affecting the whole system"; and any one who has treated many cases of typhus, watching their progress and recovery, or the dissolution of both the solids and fluids in fatal cases, can entertain no doubt upon this point, especially in comparison with purely inflammatory diseases, which are to a certain extent strictly local.

Zymotic diseases are more dangerous, other things being equal, than those of the opposite class. Any local inflammation, as of the lungs, supervening upon typhus, is much more dangerous than the same degree of local affection as an idiopathic disease. There is the poison of typhus to contend with, in addition to the local

difficulty. Ordinary remedial measures have also a less controlling influence.

There is perhaps nothing, in the range of medical practice, that tells, in a more positive and decided manner, than the application of well-directed and judicious remedies in the non-zymotic diseases, especially in that large class of them which are either generally or locally inflammatory, and the mortality in this class is really very small. But the contrary is true of zymotic diseases. Although judicious medication is necessary, and perhaps *as essential*, still it is less positive. Nature seems to do more, and art less.

In zymotic diseases, the general febrile excitement precedes the local disease. It is produced by the poison acting on the nervous system, circulating in the blood, and affecting the secretions before there is local organic lesion; and when these lesions do take place they are secondary. In the other class, the local disease is primary, such as local inflammation, and the fever is secondary. In the latter, when the local disease is soon arrested, the general fever immediately abates; in the former, if the general fever is mild, there may be a favorable termination without any local organic lesions. In this class, also, perhaps the most important point to be considered is the anatomical lesions, which are secondary. In zymotic diseases, the anatomical lesions are not positive, as is the case with ordinary inflammations. In the early stage of a well-marked case of inflammation of the brain, lungs or bowels, if the disease is to go on to a fatal termination, we know where to look for and to find the anatomical lesion, because from that point the disease commenced; there is the citadel, and there is the cause of death. But in typhus, yellow fever, or epidemic cholera, it is otherwise. You cannot foretell where the lesion will be; it is not established in the early part of the disease; the cause of the disturbance is then circulating in the blood or affecting the nervous system, and the lesions will be secondary, or death may take place without any. Yellow fever, says one writer, "is a disease with no fixed anatomical character, and often there is nothing found to account for the death." This is true if death cannot be accounted for without anatomical lesions. In the acute non-zymotic diseases, it is true we should be surprised not to find structural lesions to account for death; but in the zymotic it is otherwise. The confounding of these two classes, in this respect, has done much to confuse the profession upon the subject of pathology. The anatomical schools, so called, have done much to the injury of medical science on this point.

In the early part of the present century the cultivation of anatomy and physiology received praiseworthy attention; dissections, always important, became common; and the anatomical character of the non-zymotic diseases was correctly established. But the individuals engaged in these researches, though men of brilliant genius, erred in carrying the subject too far. Instead of a *part*, they placed *all* acute febrile diseases in the same category, and made them dependent on local inflammation—when the truth is, that in zy-

motie diseases there is usually no inflammation at all, and when it does take place, it is secondary in the order of its occurrence, and uncertain in its location. In consequence of this, several diseases, as cholera and yellow fever, we believe not to be well understood, simply because they have not, as yet, any fixed anatomical character; and they never will have; they never can have. Upon this point, Dr. Amariah Brigham, in his work on Cholera, says: "From appearances found on dissection of bodies of persons who have died of cholera, it is manifest that the information thence derivable, in a pathological view, is of a negative nature only." Again, he says, "but they do throw as much light as *post-mortem* examinations in general do on the seat and nature of disease, and in this instance may serve as a useful comment on the present mania for the exclusive cultivation of morbid anatomy." Dr. Brigham is correct when he confines the remark to the disease of which he speaks, or to the whole class of zymotic diseases; but it is not applicable to the non-zymotic, whose pathology is fixed and positive. But later investigations, and a more correct philosophy, are placing this matter in a better light, and will serve to draw a true line of distinction between diseases, the nature and pathology of which are essentially different.

It may be asked, If the anatomical character of zymotic diseases be not fixed, what will give the indication for the treatment? We answer, that no physician is governed strictly by the anatomical lesion or pathological condition in making out his prescription. In a case of pneumonia, if one could even look upon the lung and see the redness, the congestion, &c., he would not decide from this whether it required depleting, alterative or stimulating treatment; but he would examine the pulse, the tongue, the expectoration, the state of the surface, the senses, the secretions and the excretions—in short, all the morbid phenomena arising from the structural change. So in the case of zymotic diseases, or those where the anatomical lesion is not established, there are morbid vital phenomena or symptoms, which are our guide. The only difference is, in one case they are the result of structural lesion, and in the other precede and are independent of it, and are directly consequent upon the special poison which produces the disease.

The disease which will perhaps best illustrate this subject and which upon some points is still unsettled, is *typhus*. This disease is an essential fever, a good type of zymotic diseases, and is, we believe, the prevailing fever of New England, although here, as in Europe, it has often been confounded with other affections and different febrile diseases. Broussais and Clutterbuck make no distinction between this and local inflammations. They are *altogether* wrong. Another class of writers, of which is Southwood Smith, believe typhus to be a zymotic disease, but that the poison produces local organic lesions before the general febrile disturbance. Upon the latter point *they* are wrong. The third class, as Louis and his followers, agree to the zymotic character of the disease, and that

the fever precedes the anatomical lesions, which lesions are a consequence instead of a cause of the morbid action. So far they are right; but they err in classifying and naming the disease according to the anatomical lesions instead of the poison that produces them. Dr. Stokes, of Dublin, and most of the German writers recently, differ from the latter class in classifying the disease according to the *poison* producing it, and not according to the anatomical lesions. This is right.

Whether typhus and typhoid fevers are distinct diseases, or are identical, is still an open question, and not likely to be settled upon the basis that has been attempted with so much ability by truly accurate observations, viz., according to anatomical lesions, because they are unreliable in this whole class of diseases. If the poison producing them is identical, then they are merely different forms of the same essential disease, as scarlatina has different forms of manifestation from the same poison; but if the poison is different, then the diseases are distinct and separate. Investigation should be directed to this point to settle the question.

Typhus is produced by a specific poison, the nature of which is known only from the morbid phenomena which result. The first impression is evidently upon the nervous system; it then affects the circulation, afterwards the system generally. If the morbid impression is slight, and the power of resistance good, we shall have a mild disease, producing no organic lesions, and scarcely any local symptoms. Still it is typhus, one of the six forms of which has been the prevailing fever of New England from time immemorial. This form is the typhus mitior, or mild fever, and is liable to be confounded only with gastric or bilious fever, which, however, is not an essential fever, but the gastro-enteritis of Broussais, a local irritation of the mucous membrane, and the fever is symptomatic. This will get well in a few days. Many talk of *breaking up* typhus when this is arrested. Farther south it has bilious symptoms. The bilious remittent of the Middle States is different. This is a zymotic disease, as is the yellow fever of the south, and the intermittent of the west.

If the morbid impression is more severe, we have a graver train of symptoms—*typhus nervosa*, nervous or continued fever. Here the whole system is affected, more especially the nervous, with delirium, quick pulse, emaciation, &c. This form seldom begins to improve before the twentieth day, and oftener, not until the thirtieth, fortieth or sixtieth day. These cases usually recover, but there is evidence of grave disease. The local symptoms are not usually troublesome.

Where the poison is more active, or badly resisted, as in young persons of full or leuco-phlegmatic habit, we have the most fearful form of the disease. This is the malignant typhus, and has been designated by the different names of typhus gravior, typhus synco-
palis, ataxic, jail, ship, putrid, petechial, pestilential fever, &c. The approach in this form is more sudden, and the nervous energy is

overpowered. It often proves fatal in one week, with rapid, compressible pulse, early delirium and coma, with complete indifference. The secretions, in such cases, are usually but little disturbed. *Post-mortem* examinations disclose no organic lesions, save some internal congestions consequent upon a general prostration of nervous energy. If life is prolonged to the tenth or fourteenth day, putrid symptoms supervene; the mouth becomes black, the surface dingy, petechiæ appear, with bed sores, subsultus, diarrhœa, meteorism, and a putrid tendency of the whole system.

In the above forms of the disease, there is a general diffusion of the morbid action through the system. In the remaining forms, although the general symptoms of typhus exist, still there are local symptoms characteristic of special local lesions.

1st. *Cerebral Typhus*.—In this form the head is affected, the mind is disturbed; there is pain in the head and confusion of the intellect, the face is flushed, the head hot, and the extremities cold. This has been mistaken for inflammation of the brain, though very different from it. In this form the local symptoms are secondary, and usually abate before the end of the disease. The danger in some degree depends upon the local symptoms, which may result in organic lesions, such as softening of the brain or effusion within its cavities.

2d. *Pneumo-typhus*.—In this form, either early or in the course of the disease, the mucous membrane of the bronchi becomes involved, and sometimes the substance of the lungs. We then have short and laborious respiration, cough and bloody sputa, soreness of the chest, and dullness on percussion. There is not, generally, acute pain, as in idiopathic pneumonia, and it is usually relieved long before the general symptoms abate. Pneumo-typhus is very different from typhoid pneumonia. The former is the typhus poison involving the lung in its organic lesions; while the latter is an idiopathic inflammation, and the fever secondary, but assuming an atonic condition of the system. This may recover in ten or twelve days, though a severe disease; while in pneumo-typhus, after the lung symptoms abate, the fever usually runs its regular course.

3d. *Abdominal Typhus*.—This is the typhoid fever of Louis. Here, in addition to the general symptoms, we have a disturbance of the bowels, with ochre-colored diarrhœa and tenderness upon pressure, especially over the region of the ileum. The cerebral symptoms are usually light, the morbid impression being spent upon the mucous membrane of the intestines, where, in severe and fatal cases, are found secondary anatomical lesions, consisting of ulcerations and enlargement of the glands. Dangerous hemorrhage often occurs in this form of the disease.

An important question arises, whether the same disease, nosologically considered, can be at one time a zymotic disease, and at another a non-zymotic. In other words, are those diseases which we find sometimes epidemic, and at other times sporadic, the name being the same, *essentially* the same disease? We will briefly give our

views upon this point. There are several diseases which we believe to be always zymotic, and nothing resembling them *can* take place without there being introduced into the system a specific poison as their cause. Of these, we may mention smallpox, measles, scarlatina, typhus and yellow fever. There are other diseases, the same by name, which sometimes arise from common causes, and at other times from a specific poison or miasm, and the disease will assume the characteristics of a non-zymotic or zymotic disease, as the cause shall be general or specific, and the attendant phenomena corresponding. As examples, we may mention cholera, dysentery, influenza and puerperal fever. This latter class, whether epidemic or sporadic, may have most of the attendant phenomena alike; still we believe they are essentially different diseases. Take, for example, cholera.

What is the difference between a severe case of cholera morbus and a case of Asiatic cholera? The former arises from a local cause, perhaps suddenly induced by a debauch or by indigestible substances in the stomach. Sudden and violent vomiting and purging follow. After the alimentary canal has been cleared of its contents and bile, watery secretions are thrown off. Generally, the disease soon ceases after this is done, the local irritation is allayed, and recovery speedily takes place. If not, it is followed by prostration, coldness, small pulse, blue surface, &c., with most of the symptoms of epidemic cholera, except, perhaps, rice-water discharges and corrugated surface. However, these cases are seldom fatal; their cause is local, they are sporadic, and not of frequent occurrence.

On the other hand, in epidemic cholera a poison is taken into the system and diffuses itself gradually; hence usually the premonitory symptoms, then the full development of the disease, showing the whole system to be affected. It is a general disease, zymotic in its nature; its lesions are secondary, and its anatomical character uncertain. It is not necessarily severe, many cases being mild and yielding readily to remedial means; but there is a general diffusion of the cause in cholera times, acting as an atmospheric poison, and hence the general disturbance of the digestive organs at such times, and the caution requisite to avoid the full development of the disease.

The same rule, we believe, applies to dysentery. A person, from exposure to great heat, may be suddenly attacked by this disease—with most or all of the ordinary symptoms which characterize it. The cause is sporadic, and is easily controlled; it is dependent on local inflammation. When the same disease prevails as an epidemic, although the prominent symptoms are similar, there is yet a poisonous influence; the disease is more general and obstinate, often assuming a malignant character, with the appellation of putrid dysentery. This is, we believe, the reason why certain diseases of this character are reputed to be less severe when sporadic than when epidemic; their essential character is different. I am not aware that diseases, always zymotic, as smallpox, are less se-

vere when prevailing in isolated cases, the cause not being traced to its source. Sometimes single, isolated cases of typhus will occur, with singular malignity, proving speedily fatal.

Common catarrh, though from sudden atmospheric changes it may be considerably prevalent, yet has the character of a local affection, the system generally seeming but little involved, the appetite remaining good and most of the functions perfect. At another season, without any peculiar atmospheric changes, there is a general epidemic influenza, and persons using the utmost caution cannot avoid it. There is a poison in the atmosphere, the disease is general and zymotic, all the functions are more or less disturbed by it, and there is much prostration and loss of appetite in proportion to the local symptoms, which are often not severe.

The same is believed to be true in relation to puerperal peritonitis, or childbed fever. Sporadic cases of this disease occur not very infrequently; and although the name is alarming, we believe it is not often fatal when judiciously treated, though the circumstances of the patient may be somewhat unfavorable. This we consider to be a simple non-zymotic local inflammation, requiring the antiphlogistic regimen for its safe and usually speedy termination. But there is a disease of the same name, of a very different character. A poison is introduced into the system; and although it has a local seat, it has a general influence. The whole system is soon involved, and the utmost danger is always apprehended. Unfortunate is the physician who is obliged to contend with this class of cases, and more unfortunate he who adopts the antiphlogistic regimen and treatment for their relief. A majority of cases of this form will prove fatal, we think, under the most judicious treatment.

We have thus given our views of a subject of difficult investigation, but one of great importance, and which would tend to do away with much of the confusion that is believed to exist in the medical profession in regard to the essential nature and the pathological character of a large class of the acute diseases which everywhere prevail, and which make up a large proportion of the business in ordinary practice. If they shall be the means of directing attention to the subject and of enlisting abler inquirers in this field of investigation, we shall feel that our object has been accomplished.

COMPULSORY VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your issue of May 22d, you have noticed a memorial presented to the City Council of Boston by Mr. Lemuel Shattuck, upon the subject of compulsory vaccination. I have not been able to see this document, and have no means of judging of its contents, except from the short extract given in your Journal, which contains some statistics of the increase in the number of

deaths from smallpox during the twelve years following the repeal of the Vaccination Act. Surprising as the facts exposed in the extract alluded to are, there is little doubt that if the still increased prevalence of the disease, in its two forms of varioloid and smallpox, since the year 1849, could be accurately ascertained, the result would be still more startling.

My object in this communication is to call the attention of the profession and of the public, to a law passed by our State Legislature in April, 1855, entitled "an Act to secure General Vaccination." During the session of that year, several petitions were presented to the Senate for some amendment in the statute respecting vaccination. The subject was referred to a joint special committee, of which Dr. Chas. H. Stedman was chairman.

The document stands 155, on the journal of that session, and commences with a report of some seven pages. This is evidently intended only to support the several clauses of the bill, and is therefore far from being a complete discussion of the points which it touches upon. It begins with a few statistical statements of the gross and average mortality of smallpox before the discovery of Jenner, followed by some account of the decrease in the mortality of the disease after the practice of vaccination became general. An account is then given of the result of re-vaccination in the Prussian army and also in England and France, from which the large proportion of 64, 45 and 50 per cent. of successful re-vaccinations are reported. There is little doubt of the fact that perfect immunity from the inoculation of the vaccine virus can insure protection against smallpox, but the reason why both these diseases do sometimes return is far from being accurately ascertained. The theory that the first attack is really a perfect protection until the changes which take place in consequence of advancing age, is the one most commonly accepted, and that on which the law for re-vaccination in the bill under consideration is founded; but it is not, so far as I have been able to discover, founded upon any basis of fact or experiment, and it is not certain that the explanation of second attacks of these diseases may not be found by supposing that the first access does not exhaust the system of its predisposition to them, or, perhaps, saturate it thoroughly with its protective property, so that it may return a second time in a modified form and consume the residuum.

It would not be difficult to throw light upon this doubtful point in the nature of these two diseases, by careful experiments. The practical value of such an investigation would indeed be great, since in case the first theory should prove correct, re-vaccination would become necessary at certain intervals during the whole of life; whereas, if the second supposition is the true one, it would only be necessary to vaccinate repeatedly after an apparently perfect case, either of kinepox or variola, until no effect was produced; after which the system would be entirely protected.

The report closes with two interesting statements, showing the comparative mortality of smallpox in countries where vaccination

has been made compulsory, and others in which no laws for that purpose have been enforced.

Section 1st of the Act makes it obligatory upon parents and guardians to cause all their children or wards to be vaccinated before they attain the age of two years.

Section 2d makes vaccination necessary for admission into the public schools. An ordinance to this effect is enforced in Boston, but does not exist in other parts of the Commonwealth.

Section 3d provides that the mayor and aldermen in cities, and the selectmen of towns, shall enforce the vaccination of all the inhabitants of such towns and cities, and renders every parent or guardian liable to a fine of five dollars for each and every year's neglect to comply with the law; the fine to be recovered on complaint of the city or town authorities, for the benefit and use of the town or city.

Section 4th gives to selectmen of towns, or mayors and aldermen of cities, the power to enforce re-vaccination on all persons within their limits, as often as they judge that the public health requires it, except in those cases where sufficient evidence can be produced of vaccination within the space of five years. A refusal or neglect to comply with such requisition renders the individual liable, the same as in case of first vaccination.

Section 5th makes it the duty of all incorporated manufacturing companies, of all superintendents of alms-houses, State reform schools, lunatic hospitals, and of all other places where the poor or sick are received, also of masters of houses of correction, jailors or keepers of prisons, and of the superintendents or officers of all other institutions, supported either wholly or in part by the State, to cause all their inmates to be properly vaccinated, and all persons received into such institutions after the passage of the act, shall be vaccinated immediately after their entrance, unless they can show evidence of having been vaccinated within the term of five years.

Section 6th provides that towns and cities shall be at the expense of furnishing means of vaccination to all persons within their jurisdiction who are unable to pay for the same, and that manufacturing corporations are to be at the expense of vaccinating their employees according to law. This act is unexceptionable so far as it goes, but there is much need of greater detail in its provisions, and precision in its specifications, in order to make it perfectly practical. As the expediency of compulsory vaccination has been much doubted, a further discussion of the act passed by our own legislature, as compared with similar ones in other countries, will form the subject of another communication.

F. S. A.

Boston, June, 1856.

MEDICAL AND SURGICAL EXPERIENCES AT THE HOUSE OF INDUSTRY.—NO. XII.

BY C. E. BUCKINGHAM, M.D., FORMERLY PHYSICIAN TO THE INSTITUTION.

[Communicated for the Boston Med. and Surg. Journal.]

Puerperal Disease.—(Continued.)

CASE VIII.—Mary Carter, aged 25, single, temperate. In convalescent room. Was attended in labor by Mr. (Dr.) J. E. Herrick. First labor began with rupture of the membranes, at 5½, A. M., on the 25th of March, 1850. Had slept well the night previous, without pain. At 2, P. M., when the first examination was made, the os uteri was fully dilated and the soft parts lax. Presentation of vertex and right hand, hand and wrist protruding into the vagina. Pelvis ample. Pulse in the intervals. 68; during pains, 80.

4, P. M.—Hand has slightly recently receded and head advanced. Still later, the palm lies on the vertex, the fingers separated. Head still advancing. At 9, P. M., head and hand nearly at os externum. Pains not very strong and no progress. At 10, P. M., she was etherized for 35 minutes, the only effect of which was to rest her, and stop the uterine contractions. After the effect of the ether went off, the pains returned stronger. The head and hand were nearly two hours in passing the perinæum.

11, P. M.—Second stage completed. Child (dead) male, with cord once around neck. Patient much exhausted. Placenta probably followed at once, as there is no record of it.

March 26th, 9, A. M.—Pulse 92, good. Slept well. Has after-pains, but not severe. Flows a little. Is very feeble. Moist, white coat on tongue. No tenderness.

4½, P. M.—Pulse 116. Face flushed. Headache. Complains of griping pain in abdomen and back. Tender immediately over uterus, but not elsewhere. Lies on left side. Flowing continues with the pains. R. Ext. hyoscyami, gr. iv.; camphoræ, gr. i. Hop fomentation to abdomen and turpentine enema.

9, P. M.—Pulse 128, small and hard. No pains as before reported, but general tenderness, which is greatest in the left iliac region. Bears very little pressure. Lies on back. Knees not constantly flexed, but she draws them up occasionally for relief. Enema followed by two dejections. Has had some perspiration all day. No chills. Pain in forehead. Lochia continues. R. Quinîæ sulphatis, gr. v., every three hours.

27th, 9, A. M.—Pulse 136, full. General surface about the natural temperature. Headache severe, with some ringing in ears. Tongue moist, with a white coat. Had a few griping pains in the night. Less general tenderness. She is tender in centre over uterus. Abdomen too tympanitic to allow the size of the uterus to be discovered. Bears very little pressure, even when gradually made. Lochial discharge continues. Urine free. Slept a part of the night and felt rested till she was removed to a fresh bed. Very

thirsty. Skin moist. Lies on back, with legs and thighs extended. Has taken \mathfrak{g} i. of quinia in twelve hours. Omit it.

3 $\frac{1}{2}$, P. M.—Pulse 126, full. No pain. No tenderness. No headache. Countenance improved. Tinnitus continues. Urine free. One dejection. The lochial discharge ceased about 11, A. M.

8 $\frac{1}{2}$, P. M.—Sleeping quietly on left side.

28th, 9 $\frac{1}{2}$, A. M.—Pulse 100, full. Temperature normal. Skin moist. Has occasional griping pains. Neither headache nor tinnitus. Lies in any position without pain. Had four dejections in the night. Tongue moist and yellowish. General appearance improved. No discharge from vagina. Tympanitis not so extensive. Uterus can be felt, reaching nearly to umbilicus. Breasts have not begun to secrete. Resume quinia every four hours till contra-indicated. Injections of tepid water to vagina.

1 $\frac{1}{2}$, P. M.—Has an erysipelatous eruption for about an inch around vulva, involving both labia, and extending down into both groins. Right labium swollen, with an ulceration, size of a dime, on its inner surface, not syphilitic in its appearance, but sloughy. Tympanitis increasing. Has some tenderness over uterus and a discharge of dirty-white, foetid matter from the vagina. Urine high colored. Painful micturition. Has taken quinia gr. x. since 10, A. M. Continue it every three hours in doses of gr. v.

29th, 8 $\frac{1}{2}$, A. M.—Pulse 88, full. Surface normal. Bears any amount of pressure. Tympanitis less. Some discharge from vagina and very foetid. Two dejections. Has taken quinia gr. xxv. since 1 $\frac{1}{2}$, P. M. No headache. No tinnitus. Erysipelas extending. Breasts flaccid. Tongue as before. Has some appetite. R. Solutio sodæ chlorinat. to vulva.

30th, 8 $\frac{1}{2}$, A. M.—Pulse 92, good. Redness about vulva disappearing. No tenderness, pain, nor tympanitis. No dejection. Has continued the quinia without affecting the head. Omit it.

31st.—About the same. Quinia resumed.

April 1st.—Pulse 88, good. Coughs a little. Redness of vulva nearly all gone. No tympanitis. Uterus still enlarged. Hard pressure only, upon it, produces pain. Has taken quinia, gr. xv.

3d.—Tongue not yet clean. Pulse 84, good. Uterus somewhat enlarged. Has taken quinia, gr. xv.

6th, 8 $\frac{1}{2}$, A. M.—Pulse 76, good. Sat up half an hour yesterday. Sleeps well. Lochia free. Has some slight tenderness over uterus and in iliac region. Eats milk once a day, and asks for meat. Has never had any secretion of the breasts. Directed to keep in bed, and continue treatment.

11th.—Has been doing well until yesterday. Appetite good. One dejection daily. Urine free. Lochial discharge slight, but for last two days increased. Has been up two or three days daily, notwithstanding it was forbidden. While up yesterday had sharp pain in bowels and loins, soon followed by a chill, which lasted five hours. This passed off, but she was not warm all night. Pain continued. Little sleep. Now pulse 112, full and rather hard.

Much febrile excitement. Face flushed. Skin hot and dry. Tongue red at tip and edges, in centre white and quite dry. Constant pain in abdomen. Marked tenderness over uterus and iliac regions. No tympanitis. Uterus not to be felt. Respiration hurried. Lies on back with limbs extended. Cannot flex and extend them without much pain. Dejection yesterday very slight. R. Enema terebinth. Hop fomentation. R. Quiniæ sulphatis, gr. iii. every three hours.

12th, 9, A. M.—Pulse 68. Skin moist. Perspired freely in the night and slept well. Tongue moist and clean. Respiration 32, chiefly thoracic. Has taken gr. xxvii. of quinia. No tinnitus. Some swelling and tenderness of the whole abdomen; tenderness most marked as yesterday. Shrieks on slight pressure. Enema followed by two dejections containing scybala. Lochia increased. Countenance natural. Lies on back. Repeat enema and continue quinia.

13th, 8, A. M.—Pulse 72, good. Respiration 32. No headache. No tinnitus. General appearance improved. Tenderness less, except over the uterus. There as yesterday. Lochia free. Cannot lie on left side, because of "something in her chest," and pain in the right lumbar region. Enema followed by three dejections. Uterus four inches above pubis. Less tympanitis. Continue quinia.

14th.—Pulse 76, good. Slept well. Less tenderness. Feels weak and dizzy if head is raised. Lochia ceased. Vini Maderaici p. r. n. Continue quiniæ, gr. ii. every four hours.

15th, 9, A. M.—Pulse 72, good. Lochia re-commenced. One dejection. Got four ounces of wine.

19th.—Pulse 72. Doing well. No tenderness. Takes beef-steak, wine and quinia. Discharged well in a few days.

The Medical Properties of Rue.—Rue, called by the ancient Greeks rutæ, was first noticed by physicians because of its strong odor and extreme bitterness, and was often employed as an antidote to the poison of hemlock, and as a tonic in certain affections of the eyes. Ovid has alluded to it in his *remedium amoris*, and it is to it he applies the verse, "*Acuentes lumina rutas.*"

It is remarkable that from the remotest time down to the present day, the Greeks have always applied little poultices of the powdered rue to inflamed eyes. They also use an oil of rue prepared by macerating the plant in olive oil. The Turks also use the essential oil of rue. There is another of the ructacæ much used in Greece. It is the *peganum harmala*, the *peganon* of Dioscorides. Its properties appear to be narcotic, and resemble those of the *cannabis Indica*. The Greeks and Turks use it after maceration, and also as infusion in water. This plant is often ordered as a cataplasm in cramps of the belly.—*Virginia Medical Journal*.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

J. B. ALLEY, M.D., SECRETARY.

THE Society met on the evening of March 29th, at their Hall in Temple Place. The President, Dr. BUCK, in the Chair.

Dr. HODGES exhibited to the Society a very finely injected penis, of remarkable size, being eight inches and three quarters in length.

Dr. CABOT showed a specimen of diseased testicle, removed from a hospital patient, and gave the following account of the case :—"The patient was an unmarried man, aged 22. He said he could not remember the time when the right testis was not larger than the left, having been, at times, nearly twice its size. He said he had not practised sexual intercourse to any excess. About five years ago he contracted a gonorrhœa, and thinks that he had primary syphilis at the same time. Soon after, the testis, which had before troubled him only very slightly, became painful, and increased in size. Ever since, it has been a constant source of inconvenience, frequently preventing him from work, and by its weight, producing intolerable dragging sensations, &c. Early last winter a trocar was introduced at the lower part of the diseased mass, and a small quantity of fluid escaped. The operation has been repeated three times. The last operation was performed about one month since. The mass was tapped both at its upper and lower portion. He thinks that nearly half a pint of fluid was obtained the last time. The fluid has been for the most part quite clear. At the time of the first tapping, the mass was about as large as at present. The testicle was four inches in length and three inches in breadth; very firm and somewhat lobular. Externally, it was traversed by numerous large transparent blood-vessels. The surfaces of the tunica vaginalis were mostly united by delicate white bands, broken with but little difficulty, and, apparently, not very old; in some points, however, the cavity was still preserved. The substance of the organ was of a delicate brownish color, much like that of the testicle itself, but no trace of the normal structure remained, the cut surface being quite smooth, and the tissue very firm. In some portions delicate white lines gave a fibrous appearance to the growth. Both the epididymis and the testicle itself were affected; in both, but particularly in the latter, were a number of opaque, yellowish white masses, somewhat resembling lymph, and about as firm as the surrounding substance. In two or three of these, bright yellow portions were seen, like the xanthoid of cancer. No trace of vascularity was seen, except in a few points."

Dr. ELLIS remarked, in connection with the above specimen, that, examined under the microscope, it was found to contain large nuclei with proportionably large nucleoli, some of which resembled very closely those which have been described as characteristic of cancer; but the majority of the nucleoli had an irregular and less sharply-defined outline than is usually seen in malignant growths. In some of the nuclei, two or three nucleoli were seen, of various sizes, and irregular, like the single ones above-mentioned. In the yellow portions were corpuscles of about the size of the nuclei previously described, but their nucleoli, if any existed, were obscured by a deposit of opaque granular matter, to which the color of the part might be attributed. Mingled with these bodies were scales of cholesterine, and numerous circular crystals, supposed by Drs. White and Bacon to be those of margaric acid.

Dr. DURKEE exhibited two drawings descriptive of a case of erythema tuberculatum.

Dr. H. R. STORER read the following letter, referring to a case of rigidity of the os uteri, treated by the injection into the rectum of a solution of tartarized antimony, with the same result which happened in a case recently reported to the Society by Dr. S.

"*Dear Storer*,—I have made trial of Dr. Young's remedy for rigid os tincæ, and as the case may be interesting to you (following so soon upon your own), I send a brief report of it; of course, not as *proof*, but as *evidence* in favor of the enemata.

"I was called at 9½, A. M., March 13th, to Mrs. M., in labor with her first child. She had had pains since 11 o'clock of the evening previous. The waters had escaped during the night. Upon examination, the os tincæ was found dilated only to the diameter of half an inch or so; it was thin and rigid. There was no 'show.' Presentation regular. Bowels open and bladder empty. Applied to the os the ointment of belladonna, and ordered injections of warm water.

"At 12, M., I saw her again. She had not perceptibly improved, although her pains had increased in frequency and severity. I did nothing.

"At 10½, P. M., I found the os uteri as undilated and undilatable as before, and she suffering from good and frequent, but unprofitable pains. There was ordered for her an enema of eight ounces of water with a grain of antimony. This injection remained in the rectum eight or ten minutes. Twenty minutes after its administration, the os was found soft and dilating, and the walls of the vagina, instead of being, as hitherto, hot and dry, were secreting mucus profusely. The pains continued good, and in less than an hour after the exhibition of the antimony, she was delivered of a healthy girl, weighing 8 lbs. Mother and child are doing well at this date. No ill effects from the antimony. No nausea at the time, nor eruption or soreness since.

Very truly yours,

JNO. WHITING.

"*Charlestown, March 18th, 1856.*"

Dr. BUCK inquired whether lobelia had ever been used in these cases?

Dr. MINOT alluded to a paper published in the Boston Medical and Surgical Journal, for Feb. 7th, on the use of lobelia by injection in cases of rigidity of the os uteri.*

Dr. H. R. STORER made some remarks upon the use of carbonic acid gas in cancerous and other malignant affections of the womb, vagina and urethra; and exhibited some ingenious apparatus for evolving and conducting it to the seat of the disease.

Dr. WARE inquired if it was simply to relieve pain, or if it affected the character of the discharge? Dr. Storer replied, that point had not been examined.

Dr. GEO. S. JONES reported the following case. He was called suddenly to an individual who had entered a house of ill fame, and had fallen in a fit. On inquiry, it appeared that the patient had taken a room, made his arrangements, and had died suddenly, in the first moments of sexual connection. Dr. Jones applied such remedies as were at hand, but without avail. An inquest was held, and a verdict of death from apoplexy was rendered. It appeared that the coroner did not think it necessary to order a *post-mortem* examination of the body.

* See also the number for May 15th.

This case gave rise to considerable discussion amongst the members of the Society, and the general opinion seemed to be that no inquest should ever be held without an autopsy where there was the least ground to infer a doubt of the cause of death, and that the great reason for appointing medical men to serve as coroners was, that there might be more accuracy in ascertaining the actual cause of death.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 12, 1856.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.

IN our report of the late meeting of the Massachusetts Medical Society, it is stated that Dr. Chapin, of Melrose, gave notice of his intention, at the next meeting of the Councillors, to move a re-consideration of the vote whereby the Councillors voted to hold the next annual meeting in New Bedford. We understand, however, that Dr. Chapin has relinquished this intention, having become convinced that such a motion would be out of order. The first by-law requires the place to be fixed at the annual meeting of the Councillors; this has been done, and cannot be altered. The Society will therefore hold its next anniversary in New Bedford.

We have no individual preference for one place over another, and we admit that an occasional change from Boston to some other city or town may add variety and interest to the occasion. Certainly the Boston members do not object to meeting occasionally in the country; to them nothing can be more agreeable than such a change at the season when nature presents the strongest attractions. In those points of the State which are out of the general line of travel, and have but little communication, apparently, with Boston, such as Berkshire, for example, the influence of the Society may be spread, and a feeling of sympathy awakened by the occasion, which will increase the number of its members, and extend its usefulness. It is easy to show, however, that the great majority of members prefer Boston for a place of meeting, and that the welfare of the Society requires that that place should be commonly selected.

If the *attendance* be any indication of the preference of members for one place more than another for the annual meeting, it can be shown that, in this respect, Boston is much more highly favored than any other place. Assuming that the amount received by the Treasurer for annual assessments at the annual meetings may be considered as a fair index of the number of members present, we have for

Pittsfield,	1852,	\$250	equal to 83 members.
Boston,	1853,	590*	" 230 "
Fitchburg,	1854,	400	" 133 "
Springfield,	1855,	250	" 83 "
Boston,	1856,	900	" 300 "

Of this last amount (\$900), \$560 was received from country members alone. Thus, at Pittsfield and Springfield, next to Boston the most accessible places to members generally, the attendance was but little over one-third of that in Boston in 1853, and less than one-third of that in Boston in 1856. The actual attendance is of course larger than that indicated by

* The smallest amount received in Boston for ten years.

the amount paid for assessments; thus, the number present at the late meeting was, as we stated in our last number, 523, being the largest ever known; but we presume that the proportions are nearly equal in each instance.

It was urged as a strong reason for holding the session at Pittsfield, that the occasion would awaken an interest in the society, in the western part of the State, which would cause many practitioners to join it who had been ignorant of its advantages. We have already allowed that this argument has some weight, but it is not much sustained by figures, during the years when the Society met at Pittsfield, Fitchburg and Springfield. During the year 1852-53 only sixteen new members from beyond the Connecticut valley joined the Society; nine from Middlesex South and Worcester joined during the year after the Fitchburg meeting; and seven from Hampden during 1855-56, being not more than the usual number.

If it be asked why Boston is preferred to any other place, the answer is obvious; it is the most accessible to the majority of the members. Gentlemen from a large portion of the State can come to town the morning of the meeting, and return at night; the most distant need pass but one night away from home. But when the meeting is held in such places as Fitchburg, Pittsfield, New Bedford, or even Springfield, members from distant parts must generally pass two nights on the road, and sometimes three. For example, the great majority of members who will attend the next anniversary—all from the northern and western districts—will leave Boston in the morning train, and consequently must pass the previous night in this city, before taking the train for New Bedford. Leaving New Bedford at a quarter of four, which is an hour earlier than the usual time for adjournment, they would reach Boston again at a quarter after six, too late for trains for the west.

The general advantages of meeting in Boston, the opportunity it affords to country members to supply themselves with drugs, instruments, books, &c., and to visit hospitals and other objects of professional interest, are too obvious to require comment.

THE LOUISVILLE REVIEW.

THE above is the title of a new bi-monthly journal, published in Louisville, Ky., and edited by Prof. S. D. Gross and Dr. T. G. Richardson. It is intended to supply the place of the *Western Journal of Medicine and Surgery*, and although in part devoted to original communications, and to the progress of medical science, it is intended that the review department will form a prominent feature of the work.

With the principal part of the first number we have been highly pleased. Among the papers is an interesting one on the life and services of Dr. Drake, and an account of August Gottlieb Richter, and his contemporaries, Scarpa, Desault, and Benjamin and John Bell. A lengthy review of Dr. Budd's work on the Stomach follows these articles. Then comes an interesting paper by Dr. N. Boseman, of Montgomery, on vesico-vaginal fistula, with a description of a new mode of suture, and seven successful operations. The new suture, which the author considers an improvement on that of Dr. Sims, consists in the substitution of a shield or "button" of silver, pierced with holes, for the clamps of the latter surgeon. The sutures, which are of silver wire, after uniting the edges of the fistula, are passed through the holes in the plate and secured by perforated shot.

In the editorial remarks with which the *Review* is introduced to the pub-

lic, the editors say, "we are determined that so long as we live, and with whatever strength we possess, we shall cry out against the servile bending of the knee to the English Baal of medical criticism so common in some sections of this country, and, we regret to say, more especially in that part which was the first to throw off the political yoke that England had placed upon our necks. We congratulate our Southern and Western brethren in their comparative freedom from this shameful idolatry, and we hope we have good reason to believe that they will never submit to its degrading influence." We have no remark to make on the exhibition of this spirit of hostility, except that it comes with a very ill grace from one whose works have received the highest praise from English critics.

The *Review* is handsomely printed. It contains 144 pages, and the subscription price is three dollars per annum. If the jealousy of foreign excellence, so conspicuous in the first number, be kept within due bounds, it cannot fail to be widely useful. We wish it all success.

LETTER FROM DR. DALE.

MESSRS EDITORS,—The subjoined communication I received this morning from an unknown Fellow of the Mass. Med. Society.

In justice to our efficient and courteous Marshal, Dr. Palmer, I would merely say that if his admirable arrangements had been carried out, there would have been no occasion of complaint. It was to obviate this very difficulty that the Committee of Arrangements desired Dr. Palmer to request the Fellows so to proceed to the dinner hall, that the officers of the Society with invited guests should be first seated; then the senior Councillors and Fellows, then our friends from the country in the order of District Societies, and, last, the Suffolk District Society. After all were seated, to our mortification we found many a white head at the extreme end of the hall, and the younger members of the Suffolk District "in the chief places of the synagogue;" an inadvertence, I trust, they will never repeat when the Society again holds its anniversary festival in Boston.

With many thanks for your kind notice of the Committee of Arrangements, I remain
Yours truly, Wm. J. DALE.

Boston, June 9th, 1856.

MAY 29, 1856.

DEAR SIR,—I cannot resist the desire I feel to thank you for the admirable manner in which the arrangements for our enjoyment and pleasure yesterday were all carried out. The Mass. Med. Society has great reason for pride in all which was said and done yesterday. To those of us whose heads are now grey, and whose opportunities for future meetings must be very few, it is especially grateful to see the old Society so flourishing and vigorous in the new hands to which it is now entrusted. For all that we have done for thirty years to sustain and defend it, we feel amply rewarded by one such exhibition as we yesterday saw. When I beheld the venerable Jackson standing in his simple modesty on that chair, overcome by the universal homage of the whole company, I was affected almost to tears. That simple picture will never be erased from my memory, and was the crowning glory of the many memories which crowd around the occasion. I could scarcely wish anything to have been different, and really hesitate to interpose a single but.

Some of us, old men, exposed ourselves to inconvenience in order to conform to the wishes of your committee, by *walking in the procession*. On arriving at the parlors of the Revere, we found ourselves in a crowd, who had not so walked, our places occupied, and instead of an orderly and quiet seat at the table, we were thrust aside, and all the order of the procession disturbed and annihilated.

On the next occasion, on which I trust you may be in the same office, could it not be so ordered that an elderly man, who has been honored in past years by the Society, may be prevented from the loss of his place and himself saved from much discomfort.

With much regard and many thanks for all you have done for the venerable Society,
W. J. DALE, M.D. Your unknown friend, 1825.

NOTE FROM DR. W. H. THAYER.

Messrs. Editors,—Dr. Mussey doubts the ability of an animal breathing with lungs, to live in the human stomach. Similar doubts have been expressed by yourselves, and indeed by physicians generally. I am not prepared to contend for the possibility of it; it appears physiologically impossible. But having made the report of the case in question to your Journal, from the statement of Dr. Clark, of Montpelier, to the Vermont Medical Society, I desire to give your readers all the facts relating to the case since the supposed vomiting of the lizard, and what evidence we have that there was no deception, unless the patient and his friends were themselves deceived. Dr. Clark writes to me (June 2d): "J. C., the man who vomited the lizard on the first day of September last, has had no return of his former attacks since that date, but has enjoyed uninterrupted good health. He says he never suspected having anything in his stomach previous to his vomiting it, and had never suggested such a thing until that time." "His family were present and saw him vomit it."

Here is little room for deception. If he did not vomit the lizard, there is a remarkable coincidence between the appearance of the animal in the midst of his fomites in his bed-chamber and the entire relief of epileptic symptoms of two years standing. The relief cannot be referred to the mental effect of seeing the lizard there—for he had never in his sickness of two years suggested to Dr. Clark that he thought he had anything living in his stomach.

I do not pretend to consider the case proved beyond a doubt; but it has too strong a probability to allow it to be set aside as necessarily false. It deserves further investigation and experiment. Dr. Dalton says the high temperature of the stomach would probably cause the death of the lizard in a few hours.

Very truly yours, WM. HENRY THAYER.

Woodstock, Vt., June 4th, 1856.

Plural Births.—We know not whether the "baby-shows" have created a demand for human litters, but we have certainly remarked of late an unusual number of instances of three and four children at a birth. The following instance of a quintette is from the *London Lancet* of April 19th:

On Sunday morning, the 13th inst., between the hours of 8 and 10, Mrs. E. Phin, wife of Edward Phin, a guard in the service of the London and North Western Railway Company, residing at 141 Scofield street, Bloomsbury, Birmingham, was safely delivered of five children—three boys born alive and doing well, and two girls born dead.

MARRIED.—In East Boston, 3d inst., George F. Bigelow, M.D., to Miss Lucy Mary K. Hall, eldest daughter of Samuel W. Hall, Esq., all of Boston.—At King's Chapel, Joaquim Barbosa Cordeiro, M.D., of Brazil, to Miss Mary Katherine Hoffman, of Boston.

Communications Received.—Case of a Child born with two Heads. Case of Ovarian Disease—Excision of the Elbow-joint (Reported at the Annual meeting of the Mass. Med. Society.)

Deaths in Boston for the week ending Saturday noon, June 7th, 54. Males, 31—females, 23. Accident, 1—congestion of the brain, 1—disease of the brain, 1—cancer in the stomach, 1—consumption, 6—convulsions, 2—dropsy, 4—dropsy in the head, 2—drowned, 1—infantile diseases, 5—bilious fever, 1—typhoid fever, 3—scarlet fever, 4—disease of the heart, 4—inflammation of the lungs, 5—marasmus, 3—measles, 2—smallpox, 3—teething, 1—thrush, 1—unknown, 2—whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 7—above 60 years, 3. Born in the United States, 43—Ireland, 9—England, 1—British Provinces, 1.

Tuberculous Cavern Injected.—M. Rochat relates the case of a weaver, laboring under all the symptoms of phthisis, who had a fistula near the point of the scapula, which was found to communicate with a tuberculous cavern in the right lung. A more direct opening was made into the cavern by applications of caustic potash, near the edge of the third dorsal vertebra. Through this a large quantity of tuberculous matter was washed out, and into the cavern a tincture of iodine and iodide of potash was injected. The patient was put upon cod-liver oil, and has entirely recovered.—*Western Lancet*.

Valerianate of Atropine.—M. Michea calls the attention of the profession to this new preparation, which is formed by the union of valerianic acid with the alkali of atropine. He claims that it is far more reliable than any other article of the materia medica in the treatment of convulsive diseases; and especially of epilepsy, hysteria, chronic asthma and whooping cough.—*Ib*.

Chloroform in Pneumonia.—A Hungarian physician, Dr. Stohandl, reports three cases of pneumonia in which much benefit was derived from the inhalation of small quantities of chloroform (30 to 40 drops), repeated several times a day. After each inhalation the symptoms were relieved; after four or six hours they again became aggravated, but were again relieved by a repetition of the inhalation. In from five to eight days a cure was effected.—*Revue de Therap., &c.*

Mode of Indicating Poisons, Medicines, &c.—The Dublin College of Physicians has recently issued an order that in future all apothecaries and druggists shall keep medicine of a dangerous nature in square or angular bottles, and those of a harmless nature in round bottles, so that the most ignorant person, taking up an angular bottle, may know it contains a poisonous drug. Another order directs that in dispensing drugs and medicines, or selling them to individuals in their shops, all liniments and medicines for external use shall be sold in square or angular bottles, and all those for internal use in round bottles. Thus any nurse or other person taking up a bottle will know immediately whether it is for external or for internal use.—*London Lancet*.

Magendie's Successor at the Academy of Sciences of Paris.—The candidates for the membership vacant by the death of Magendie were—Messrs. Jobert (de Lamballe), Longet, Cruveilhier, Poiseuille, Baudens and Langier. The successful competitor is M. Jobert (de Lamballe), surgeon to the Hotel Dieu. Those who ran close to him were M. Longet and M. Cruveilhier.—*Ib*.

Hydrophobia.—This disease has shown itself to a great extent amongst the deer and dogs at Stainborough. Nearly one hundred deer, and a large number of dogs, have fallen victims to this malady.—*Ib*.

Mode of Reducing Strangulated Hernia, after failure of the Taxis, by a bloodless Operation.—M. Seutin, the eminent surgeon of Brussels, is endeavoring to establish, in a Belgian Medical journal, the superiority of *tearing* either the inguinal or crural ring, over incising the same, for the reduction of strangulated hernia. He quotes experiments on the dead body, and several successful cases; and is confident that his method will soon supersede the operative measures generally resorted to. He places, first, great reliance on graduated taxis, continued with due precautions for a considerable period; and when this fails, he endeavors to hook his index-finger round the margin of the ring, by passing it between the tumor and the abdomen; and by using a certain force, he causes the fibres of the external oblique to give way and crack to an extent sufficient for the reduction of the hernia. M. Seutin defends his practice with considerable ability, and hopes trials will be made.—*Ib*.

The trial of Palmer, for poisoning his sporting friend Cook, continues. The defence has closed, and the case turns mainly on medical testimony, whether or not symptoms of death accord with symptoms of poison by strychnine. The most eminent physicians of Great Britain have given evidence which seems equally balanced for and against the prisoner. The case excites extraordinary interest. It is valuable as making public that vegetable poisons are readily detected long after death.